FORM D RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

03023609	

SEC USE ONLY

Serial

Prefix

	UNIFORM LIMI	LED OFFERING	EXEMPTIC		DATE	RECEIVED
Name of Offering (check in Private Placement of Limited Pa			nd indicate chang	e.)		
Filing Under (Check box(es) the	at apply): Rule 504	☐ Rule 505	☑ Rule 506	☐ Section	4(6) U	LOE
Type of Filing: New Fili	ng 🛘 Amendment		·			POCESSE!
	A. E	BASIC IDENTIFICA	TION DATA			- วกกร
1. Enter the information reques	ted about the issuer		······································			JON I L FOOD
Name of Issuer (check in Directional Alpha, L.P.	f this is an amendment and	name has changed, as	nd indicate chang	e.)		THOMSON FINANCIAL
Address of Executive Offices 106 E. 6 th Street, Suite 650, Aus	(No. and Street, Citatin, Texas 78701	ty, State, Zip Code)		Telephone (512) 478-		ding Area Code)
Address of Principal Business C (if different from Executive Off		Street, City, State, Zi	Code) Telepho	ne Number (In	cluding Area Co	ode)
Brief Description of Business Investment Partnership				(2	425	85
Type of Business Organization				_		
☐ corporation		artnership, already for		☐ other	(please specify)	:
□ business trust	☐ limited pa	artnership, to be form	ed Month	Year		
Actual or Estimated Date of In	corporation or Organization	n: [1 1	0 2	☐ Actual	□ Estimated
Jurisdiction of Incorporation o	*	letter U.S. Postal Serva; FN for other foreign		for State: D1	3	

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDENTIF	TICATION DATA		
			TCATION DATA		
2.	Enter the information requested for th	_			
00 D	Each promoter of the issuer, if the issue Each beneficial owner having the pow securities of the issuer; Each executive officer and director of	ver to vote or dispose, or di	irect the vote or disposition of		
	and Each general and managing partner of	-			•
	eck Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	⊠ General and/or Managing Partner
Fu Ce	Il Name (Last name first, if individual) iba Capital, L.P., General Partner				
Bu 10	siness or Residence Address (Number a 6 E. 6 th Street, Suite 650, Austin, Texas	nd Street, City, State, Zip 78701	Code)		·
Ch	eck Box(es) that Apply: Promoter	□ Beneficial Owner	□ Executive Officer	☐ Director	⊠ General and/or Managing Partner
Fu Ce	ll Name (Last name first, if individual) iba Asset Management, LLC, General P	artner of the General Partr	ner		
Bu 10	siness or Residence Address (Number a 6 E. 6th Street, Suite 650, Austin, Texas	nd Street, City, State, Zip (78701	Code)		······································
Ch	eck Box(es) that Apply: Promoter	□ Beneficial Owner	⊠ Executive Officer	□ Director	■ General and/or Managing Partner
Fu Sc	ll Name (Last name first, if individual) ott Boyd, Manager and Member of the (General Partner of the Gene	eral Partner		
Bu 10	siness or Residence Address (Number a 6 E. 6 th Street, Suite 650, Austin, Texas	nd Street, City, State, Zip 978701	Code)		
Ch	eck Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	⊠General and/or Managing Partner
Fu Eli	ll Name (Last name first, if individual) nira Popova, Manager and Member of	the General Partner of the	General Partner		
Bu 10	siness or Residence Address (Number a 6 E. 6 th Street, Suite 650, Austin, Texas	nd Street, City, State, Zip (78701	Code)		
Ch	eck Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	□ Director	□ General and/or Managing Partner
Fu Ivi	ll Name (Last name first, if individual) lina Popova, Manager and Member of the	ne General Partner of the C	General Partner		
Bu 100	siness or Residence Address (Number a 5 E. 6th Street, Suite 650, Austin, Texas	nd Street, City, State, Zip (78701	Code)		
Ch	eck Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Ful	ll Name (Last name first, if individual)				
Bu	siness or Residence Address (Number a	nd Street, City, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·	
Ch	eck Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Ful	ll Name (Last name first, if individual)				
Bu	siness or Residence Address (Number a	nd Street, City, State, Zip	Code)		
Ch	eck Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Ful	l Name (Last name first, if individual)				
Bu	siness or Residence Address (Number a	nd Street, City, State, Zip (Code)		

									FFERIN				
1. H	las the iss	uer sold o								nis offeri	ng?	Yes	No
			Answe	er also in	Appendi	k, Colum	n 2, if fili	ing under	ULOE.			의	8
2. V	Vhat is the	minimu	m investr	nent that	will be a	ccepted f	rom any	indiviđua	1?			\$5	0,000
3. D	oes the of	ffering pe	ermit join	t ownersl	hip of a s	ingle uni	t:					Yes ⊠	N o □
4. E	inter the ir	formatio	n request	ted for ea	ch persor	who has	s been or	will be p	aid or giv	en, direc	tly		.,
0	r indirectl	y, any co	mmissio	n or simil	ar remun	eration fo	or solicita	tion of p	urchasers	in	•		
	onnection												
	erson or a ne name o										t		
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Full N	lame (Las	t name fi	rst, if ind	lividual)							<u></u>		······································
Rusin	ess or Res	idence A	ddress (Viimher a	nd Street	City St	ate Zin ('ode\	<u> </u>				
					na bacci	, Oity, Bi							
Name	of Assoc	iated Bro	ker or De	ealer									
	in Which					nds to So	licit Purc	hasers					_
•	k "All Sta												□All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RJ] स्वार	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	(1545		101, 11 1114			_		_					
Busin	ess or Res	idence A	ddress (1	Number a	nd Street	City, St	ate, Zip C	ode)					
Name	of Assoc	iated Bro	ker or De	ealer									
States	in Which	Person I	isted Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers					
(Chec	k "All Sta	tes" or c	heck indi	vidual St	ates)								☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full N	ame (Las	t name fi	rst, if ind	ividual)			Z					•	
Busin	ess or Res	idence A	ddress (N	Number a	nd Street,	City, St	ate, Zip C	Code)					
Name	of Associ	ated Bro	ker or De	aler					** • · · · ·				<u> </u>
States	in Which	Person I	isted Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers		 -			
	k "All Sta							. == =					☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[wɪ]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF P	ROCEI	EDS	
1. Enter the aggregate offering price of securities included in this offering and the total				
amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction				
is an exchange offering, check this box G and indicate in the columns below the				
amounts of the securities offered for exchange and already exchanged.				
Type of Security	Aggreg	gate	Am	ount Aiready
· VF · · · · · · · · · V	Offering			Sold
Debt	\$0		\$	0
Equity			\$	0
☐ Common ☐ Preferred			_	
Convertible Securities (including warrants)	\$0		\$_	0
Partnership Interests	\$ 551,0	00	_ \$	551,000
Other (Specify	\$0		\$	0
Total	\$ 551,00)0	. \$	551,000
Answer also in Appendix, Column 3, if filing under ULOE				
2. Enter the number of accredited and non-accredited investors who have purchased				
securities in this offering and the aggregate dollar amounts of their purchases. For				
offerings under Rule 504, indicate the number of persons who have purchased				
securities and the aggregate dollar amount of their purchases on the total lines. Enter				
"0" if the answer is "none" or "zero,"	NT 1			•
	Numb Investo			Aggregate ollar Amount
	11146211	лъ		f Purchases
Accredited Investors	6		\$	
Non-accredited Investors			- \$ \$	0
Total (for filings under Rule 504 only)			- \$ <u>-</u> -	N/A
Answer also in Appendix, Column 4, if filing under ULOE	11/21		- V <u>-</u>	14/21
and the wave and an appearant, octaining it, it iming and a constant				
3. If this filing is for an offering under Rule 504 or 505, enter the information requested				
for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve				
(12) months prior to the first sale of securities in this offering. Classify securities by type				
listed in Part C-Question 1.				
Type of offering	Type		Do	llar Amount
	Securi	ty		Sold
Rule 505			. \$	N/A
Regulation A			. \$	N/A
Rule 504			. \$	N/A
Total	N/A		. \$	N/A
A company of the second of the	C.4			
 a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of 				
issuer. The information may be given as subject to future contingencies. If the amount	of an			
expenditure is not known, furnish an estimate and check the box to the left of the estimate				
Transfer Agent's Fees			\$	0
Printing and Engraving Costs		_ D	\$ \$	0
Legal Fees Legal Fees			\$ \$	600
Accounting Fees		⊠ □	\$ \$	0
Engineering Fees			\$ \$	0
Sales Commissions (specify finder's fees separately)		:2 []	\$	0
Other Expenses (identify)		2	մ Տ	0
Total		ເ. 20	\$ \$	600
* V MATERIAL TO THE TOTAL TO TH	•••••	101	Ψ	000

		<u>E, NUMBER OF INVESTORS, EXPE</u>		PROCEEDS	<u> </u>
	Question 1 and total expenses fur	he aggregate offering price given in responsibled in response to Part C-Question 4.a proceeds to the issuer."	. This		\$ <u>550,400</u>
5.	be used for each of the purposes furnish an estimate and check the	djusted gross proceeds to the issuer used shown. If the amount for any purpose is rebox to the left of the estimate. The total ass proceeds to the issuer set forth in response	ot known, of the payments		
			F	Payments to	
			r	Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		\$_		\$
	Purchase of real estate		\$_	0	\$
	Purchase, rental or leasing a	and installation of machinery and equipme	ent \$_	G	\$
	Construction or leasing of p	lant buildings and facilities	\$_	Π	\$
	offering that may be used in	sses (including the value of securities involuence for the assets or securities of a	nother issuer	f !	\$
	•		_		\$
	• •		_		\$
	•	s)			\$ <u>550,400</u>
			_		\$ <u>550,400</u>
	Total Payments Listed (colu	ımn totals added)		\$550,4	<u>00</u>
		D. FEDERAL SIGNATURI	E		
ne fo	llowing signature constitutes an un n request of its staff, the information	be signed by the undersigned duly author dertaking by the issuer to furnish to the U on furnished by the issuer to any non-accr	.S. Securities and Exc	hange Comm	ission, upon
Issue	er (Print or Type)	Signature	Date		
Dire	ctional Alpha, L.P.	1 1/10	June//_, 20	03	
	e of Signer (Print or Type)	Title of Signer (Print or Type)			
	t Boyd	Manager of Ceiba Asset Manageme			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

E. STATE SIGNATURE Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Directional Alpha, L.P.	Jat 179	June <u>//</u> , 2003
Name of Signer (Print or Type)	Title of Signer (Pfint or Type)	
Scott Boyd	Manager of Ceiba Asset Management, LL General Partner	C, General Partner of Ceiba Capital, L.P.,

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				The second second	August 1			
1	T -	2	3		4			5
	to i accre inves St (Pa	to sell non- edited tors in ate rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type of i	Type of investor and amount purchased in State (Part C-Item 2)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
AL								
AK								
AZ								
AR								
CA								
со								
CT		No.	\$100,000	1	\$100,000	0	\$0	No.
DE								
DC								
FL GA								
HI								
ID								
IL.		No.	\$100,000	1	\$100,000	0	\$0	No.
IN								
IA								
KS		*						
KY								
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1		2	3		4	·		5	
	to a accre inves St (Pa	i to sell non- edited tors in tate rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type of i	Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)	E			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
мо									Γ
MT									
NE									
NV									
NH	 i								L
NJ									L
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UT									igspace
VT									igspace
VA							 		
WA						· · · · · · · · · · · · · · · · · · ·			_
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	to i accre inves St (Pa	to sell non- edited tors in ate rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type of i	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
WY									
PR									